

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 646519 FILING DATE 5-7-96
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		4				
7	①					
8	1					
9	1					
10	1					
11	2					
12	2					
13	2					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	2					
22	2					
23	2					
24	①					
25	①					
26	①					
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46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	31	↔	↔	↔	↔	↔
TOTAL CLAIMS	15	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

•	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS	15	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]